

**Secondary Transition
Essentials Training
Trainer of Trainers Information Sheet & Agreement**

Name:
Email Address (Work and/or Home):
Mailing Address:
Physical Address:
Work Phone Number:
Home Phone Number:
Current Affiliation and Position:

Transition Experience: Briefly describe duties, positions and number of years. Training Experiences: List types of trainings you have had a leadership role in, transition and/or non transition topics.

Essentials Training Availability: Check the trainings you are able to provide.	
Local:	
School	<input type="checkbox"/>
District	<input type="checkbox"/>
County	<input type="checkbox"/>
SELPA	<input type="checkbox"/>
Interagency	<input type="checkbox"/>
Regional	<input type="checkbox"/>
State	<input type="checkbox"/>

I am interested in:

- | | | | |
|--|---|---|--|
| 1) Training as an independent contractor | Y | N | |
| 2) Training as part of your employment | Y | N | |
| 3) I feel that I need additional training/support before training. Please contact me at: | | | |
| 4) I am not currently interesting in being a trainer of trainers at this time. | | | |

Print Name

Signature

Date